

Request for Approval of a Hospital Computer-Generated VFC Screening Report

Date: _____

Name of Hospital: _____

VFC ID: _____

Contact: _____

Phone: _____

To use a hospital computer-generated report to track VFC eligible birth dose recipients, please complete this request form and submit it along with a copy of the report(s) to the Montana Immunization Program for approval. One of the two other screening options must be used until the computer-generated report is approved.

The hospital's computer report must meet the following criteria to be accepted.

- The report must be able to generate, for a defined period of time, a list of infants that received the hepatitis B birth dose, by category – Medicaid; No health insurance; American Indian/Alaska Native; and Insured.
- The report must generate a count of infants who received the hepatitis B birth dose, by category – Medicaid; No health insurance; American Indian/Alaska Native; and Insured. Alternatively, the report must allow for manual tallying of this information.
- If the hospital cannot run a report for all eligibility categories, they can use the Vaccine Eligibility Form to log categories not included on the report. For example, if the report includes Medicaid patients, but not other VFC eligibility categories, then the hospital can use the Vaccine Eligibility Form to track the non-Medicaid categories.
- The hospital must be able to generate the report at the request of the Montana Immunization Program and the US Department of Health and Human Services (DHHS), and for completing the annual VFC Provider Profile.

Mail to: Montana Immunization Program, PO Box 202951, Helena, MT 59620-2951

For use by the Montana Immunization Program Only

☐ Approved by _____ Date _____

☐ Not Approved Date _____

Why report(s) not approved _____
